



PATRICIA TURNER PSYCHOLOGICAL SERVICES INC.

Dr. Patricia Turner, R.Psych.
Clinical Psychologist
www.TurnerPsychologyCalgary.com

Worksheet: Preparing for a dementia diagnosis

The attached worksheet is intended to help people better prepare to speak with a physician or a psychologist when they realize that a family member is suffering from dementia.

I saw the need for this worksheet after I took a close friend's mother to her cottage this past summer. I recognized that the mother had moderate dementia while we were travelling. No resources to help care for the mother were yet in place, and the family didn't know how to go about lining up these resources.

I created the worksheet to help my friend gather and present information in an organized manner so that she could better communicate with her mother's physician. The physician, in turn, recognized the mother's needs and lined up an appointment with a neuropsychologist for an assessment for dementia.

I have made this worksheet available on my website to help those who find themselves in a similar situation with a family member that is showing signs of dementia. Please share it with anyone you know who can benefit from using the worksheet to help organize their thoughts, document the signs of dementia they are witnessing, and assemble the relevant information they have collected so that a physician or psychologist can use it directly.

- Dr. Patricia Turner, Registered Psychologist



PATRICIA TURNER PSYCHOLOGICAL SERVICES INC.

Dr. Patricia Turner, R.Psych.
Clinical Psychologist
www.TurnerPsychologyCalgary.com

Worksheet: Preparing for a dementia diagnosis

PATIENT INFORMATION FORM

Date: _____

Prepared by: _____

PATIENT INFORMATION

Name: _____

Address: _____

Date of birth: _____

Health care number: _____

Emergency contact: _____

Does someone hold Power of Attorney?

- Yes
- No

If yes, Name _____ Phone number _____

Spouse (name, phone number, address) _____

Children (names, phone numbers, and addresses) _____

BACKGROUND INFORMATION

Highest level of education completed _____

Work and volunteer history (*Give a brief history*) _____

Family medical history (*Record age, cause of death if appropriate, and major medical issues for each individual*)

Father _____

Mother _____

Siblings _____

Personal medical history (*Record major events and dates*)

CURRENT INFORMATION

Living arrangement:

Where _____

With whom _____

List of current medications:

Areas where independence has been lost (*examples may, driving, grocery shopping*)

Neglected activities (*examples may include personal hygiene, house cleaning*)

Recent problems (*examples may include recent falls*)

Situational stressors (*examples may include a daughter's recent separation, or a son's financial struggles*)
